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PTO/SB/21 (09-04)

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| | | | |
|---|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/611,257 |
| | | Filing Date | July 6, 2000 |
| | | First Named Inventor | Terrance P. SNUTCH |
| | | Art Unit | 1649 |
| | | Examiner Name | D. KOLKER |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 381092000721 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Pre-Appeal Brief Request for review (1 page) Reasons Review is Requested (3 pages) Return Receipt Postcard |
| Remarks Customer No. 25225 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | <i>Kate H. Murashige</i> | | |
| Printed name | Kate H. Murashige | | |
| Date | March 3, 2006 | Reg. No. | 29,959 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 761644405 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 3, 2006

Signature:

Marian L. Christopher

(Marian L. Christopher)



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| | | | |
|---|--|--------------------------|--------------------|
| FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 09/611,257 |
| | | Filing Date | July 6, 2000 |
| | | First Named Inventor | Terrance P. SNUTCH |
| | | Examiner Name | D. KOLKER |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1649 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 475.00 |
| | | Attorney Docket No. | 381092000721 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - = _____ x _____ = 0.00 **Fee (\$)** **Fee Paid (\$)**

_____ 0.00

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - = _____ x _____ = 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | 225.00 |
| 2401 Notice of appeal | 250.00 |

| | | | |
|---------------------|--------------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <u>Kate H. Murashige</u> | Registration No. (Attorney/Agent) | 29,959 |
| Name (Print/Type) | Kate H. Murashige | Telephone | (858) 720-5112 |
| | | Date | March 3, 2006 |